### **Application Data Sheet**

### **Application Information**

Application Number:

To be assigned

Filing Date:

May 19, 2004

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Title::

Composition and Method for Treating Upper

Abdominal Pain and Cramping

Attorney Docket Number::

382/9-1801

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

0

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

#### **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country:

**United States** 

Status:: Full Capacity

Given Name:: Dwight

Family Name:: MCKEE

City of Residence:: Aptos

State or Province of Residence:: California

Country of Residence:: United States

Street of mailing address:: 5 Sumner Street

City of mailing address:: Aptos

State or Province of mailing address:: California

Postal or Zip Code of mailing address:: 95003

## **Applicant Information**

Applicant Authority type:: Inventor

Primary Citizenship Country: United States

Status:: Full Capacity

Given Name:: Timothy A.

Family Name:: NOLAN

City of Residence:: Batesville

State or Province of Residence:: Arkansas

Country of Residence:: United States

Street of mailing address:: 120 Penny Lane

City of mailing address:: Batesville

State or Province of mailing address:: Arkansas

Postal or Zip Code of mailing address:: 72501

# **Correspondence Information**

- 1	Correspondence Customer	28147	
1	Number::		

Phone number::

(203) 366-3560

Fax Number::

(203) 335-6779

E-Mail address::

wjspatent@aol.com

### **Representative Information**

Representative Customer	28156	
Number::		

# **Domestic Priority Information**

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
Not yet assigned	Non-Provisional of	60/476,818	06/06/03

## **Assignee Information**

Assignee Name:

Pro-Health, Inc.

Street of mailing address::

P.O. Box 4047

City of mailing address::

Batesville

State or Province of mailing address::

Arkansas

Country of mailing address::

**United States** 

Postal or Zip Code of mailing address::

72503